50000003033

DIVISION G. Commonwealton C T CORPORATION SYSTEM Requestor's Name 660 East Jufferson Street Addrosa 900001517749 -06/20/95--01077--001 *****70.00 *****70.00 Taliahasaea, Florida 32301 City Sinto Phone Zlp 904-222-1092 CORPORATION(S) NAME W95-12540 Y/Profit) NonProfit () Amendment () Merger () Limited Liability Company **ChiForelan** () Dissolution/Withdrawai () Mark () Limited Partnership () Annual Report) Other () Reinstatement () Reservation () Change of R.A. () Fictitious Name () Certifled Copy () Photo Copies () CUS () After 4:30% () Call When Ready () Call if Problem **√**∂:Walk In Solck Up? Kirwill Welt () Mall Out Name S Avallability 6/20175 PLEASE RETURN EXTRA COPY(S) Document FILE STAMPED CO Examiner 11:00 Updaler Veriller Name confeict Acknowledgment W.P. Verifler

CR2E031 (1-89)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 20, 1995

CT CORPORATION SYSTEM

SUBJECT: COMMUNICOR CORPORATION OF FLORIDA

Ref. Number: W95000012540

Ulbla Mavis Communications, Inc. / DCI

We have received your document for COMMUNICOR CORPORATION OF FLORIDA and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the CORPORATE SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 595A00030208

Please give filing 20th June date of Thanks!

Walk-In Pick-UP Ulzzl95 3:00

DAVIB COMMUNICATIONS INC.

3941 Clarcona-Ocoee Road Orlando, Florida 32810

Telephone (407) 292-9300 Fnx (407(202-7080)

June 21, 1995

Dear Secretary of State:

Please be respectfully informed that JIM DAVIS COMMUNICATIONS, INC. consents and gives permission to COMMUNICOR CORPORATION of FLORIDA to use the name "DAVIS COMMUNICATIONS, INC." in its d/b/a filing on the CERTIFICATE of AUTHORITY APPLICATION.

Please call me at the number shown above should you have any questions regarding this correspondence.

Shelby J. Davis
Provident President

Order # 324198

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned GARDNER H. ALTMAN, JR., do hereby certify that this Resolution of the Board of Directors of COMMUNICOR CORPORATION OF FLORIDA a corporation duly organized and existing under the laws of the State of Norm CAROLINA, was duly adopted on SUNE 20 , 1995 .

> Resolved, that COMMUNICOR CORPORATION OF FLORIDA, organized and existing in the State of NORTH CAPOLINA, hereby adopts the name DAVIS COMMUNICATIONS, NC. / DC | for use in Florida.

TRANSMITTAL LETTER

SUBJECT: COMMUNICOR CORPORATION OF FLORIDA

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

APDART H. ALTMAN, JR.

(Name of Person)

LAW DEFICE

(Firm/Company)

PD BOX 1944

(Address)

CARM, NC 27512

(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

GREW HALES at (919) 467-6011.

(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

TO: QUALIFICATION/TAX LIEN SECTION

MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

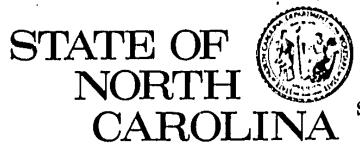
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. COMMUNICOR	CORPOI	24JOH	OF Fl	LURIDA	ζ		
1. (Name of corporation: must in abbreviations of like import in or partnership if not so contain	iclude the word TNC Janguage as will clos	ORPORATED arly indicate t	r, COMPAN nat it is a cor	IY", "CORPOR poration inst	RATION" or v	words ural pe	or orson
2. NOFTH CAT	20LINA vol which it is incorp	3	56 -	- 1926 er, if applicat	306 ble)		
4. MAY 3 95 (Daw of Incorporation) 6. JUNE 19 (Daw first transacted business	5	PER (Duration:	PETLIA Year corp. w	د. ill coaso to o	xist or "perp	otval"	,
6. JUNE 19	1,95		<u> </u>				
7. 3941 Clarce							
Orlando, Fl	urida 33	0180					
(0	Current mailing addre	iss)					
8. <u>TEIECUMMUNICA</u> (Purposels) of corporation	Tルルラ CONS authorized in home s	TRUCTION	y to be carri	ed out in the	A SHOW	<u>169</u>	
9. Name and street add					EIGRY	N 20	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name: _	C T Corporat	ion System		_		PH	m
Office Address:	1200 South P.	ine Island	Road	_	SIA1	2: 18	
	Plantation			Florida ,	33324		
_		<u> </u>			(Zip Cod	(e)	
10. Registered agent's a							
Having been named as regorporation at the place of registered agent and agree of all statutes relative to the obligation and accept the obligation.	lesignated in this to act in this cap to act in this cap to proper and col	s application pacity. I fur implete perf	on, I hereb ther agree formance c	y accept to to comply of my dutie	the appoil with the p	ntme provi:	nt as sions
	(Registered agent)(s signature)	NNIE BRY	YAN REALE ATA	ግጣጥ ላ የን ኒሳ		

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

	es and addresses of officers and/or directors: (Street
	CTORS (Street address only- P. O . Box NOT acceptable)
Chairman:	GARRILLE IL. ACIMAN TE.
Address:	125 EDINBURGH S. STE 100-B
	CARY, NC 27511
Vice Chair	man:
Address: _	
Director:	
_	
Director: ,	
Address:	
	(Street address only- P. O. Box NOT acceptable)
	STAN LEBAKKEN
Address: _	1100 INDUSTRY AVE.
_	ANOLA MN 55303
Vice Presi	dent:
Address: _	
Secretary:	GARDNER H. ALIMAN JR.
Address:	125 EDINBURGH S., STE 100-B
	CARY, NC 27511
ASST. SEC.	GREG HALES
Address:	125 EDINBURGH S., STE 100, CARY, NC 27511
• •	necessary) you may attach an addendum to the application divional officers and/or directors.
13. <u>(Sign</u>	ature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	GREG HALES, ASSISTAND SECRETARY d or printed name and capacity of person signing application)
(Type	d or printed name and capacity of person signing application)



Department of The Secretary of State

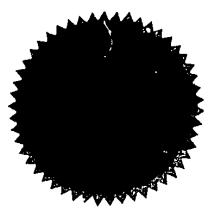
CERTIFICATE OF EXISTENCE

I, RUFUS L. EDMISTEN, Secretary of State of the State of North Carolina, do hereby certify that

COMMUNICOR CORPORATION OF FLORIDA

a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 3rd day of May, 1995, with its period of duration being perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereuntariet my hand and affixed my official scal at and City of Raleigh, this 16th day of June 1995.

Refus 1. Elmiter

Secretary of State